

# CLAIMS ONLY

7-1405

Application Number  
10-718102

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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49						
50						
Total Indep			2			
Total Depend			20			
Total Claims			22			

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						